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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/018056</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	/	/				IND.	DEP.
2	/		/			IND.	DEP.
3	/		/			IND.	DEP.
4	/	/	/			IND.	DEP.
5	/		/			IND.	DEP.
6	/		/			IND.	DEP.
7	3		/			IND.	DEP.
8	0		/			IND.	DEP.
9	0		/			IND.	DEP.
10	0		/			IND.	DEP.
11	0		/			IND.	DEP.
12	/	/	/			IND.	DEP.
13	/	/	/			IND.	DEP.
14						IND.	DEP.
15						IND.	DEP.
16						IND.	DEP.
17						IND.	DEP.
18						IND.	DEP.
19						IND.	DEP.
20						IND.	DEP.
21						IND.	DEP.
22						IND.	DEP.
23						IND.	DEP.
24						IND.	DEP.
25						IND.	DEP.
26						IND.	DEP.
27						IND.	DEP.
28						IND.	DEP.
29						IND.	DEP.
30						IND.	DEP.
31						IND.	DEP.
32						IND.	DEP.
33						IND.	DEP.
34						IND.	DEP.
35						IND.	DEP.
36						IND.	DEP.
37						IND.	DEP.
38						IND.	DEP.
39						IND.	DEP.
40						IND.	DEP.
41						IND.	DEP.
42						IND.	DEP.
43						IND.	DEP.
44						IND.	DEP.
45						IND.	DEP.
46						IND.	DEP.
47						IND.	DEP.
48						IND.	DEP.
49						IND.	DEP.
50						IND.	DEP.
TOTAL IND.	3		3			IND.	DEP.
TOTAL DEP.	12	↔	10	↔		IND.	DEP.
TOTAL CLAIMS	15	[REDACTED]	13	[REDACTED]		IND.	DEP.
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							